

**Arkansas State Board of Licensure
For Prof. Engineers & Prof. Surveyors**
PO Box 3750
Little Rock, AR 72203-3750
Telephone: 501-682-2824 Fax: 501-682-2827
www.arkansas.gov/pels

**01/01/2020-12/31/2021 Renewal Notice for
Certificate of Authorization (COA)—License Ends in Odd Number**

COA #: _____
Firm Name: _____
Address: _____
City: _____ State: _____ Zip+4: _____ - _____

☐ Same as above (includes Zip+4 obtained at www.usps.com)
☐ Change Address: _____
St.: _____ Bldg/Floor (if applicable): _____
City: _____ State: _____ Zip+4: _____ - _____
E-Mail: _____
Primary Phone: (____) _____ - _____ Ext: _____
Secondary: (____) _____ - _____ Ext: _____
Fax: (____) _____ - _____

Board Use Date Rec'd: _____

Receiver Initials: _____
Applicant Type: **Firm** ☐ Other Payment received
Type Payment: ☐ Cashier's Check ☐ Company Check
☐ MO (Money Order) ☐ Personal Check ☐ Temp
Check
Payment Identifier (number): _____

Total Payment: \$100 \$150 \$200
Receipt Type(s): Renewal Fee – COA \$100.00
Renewal Fee – COA – Late (1-60 days) \$ 50.00
Renewal Fee – COA – Late (61+ days) \$100.00

YOUR LICENSE WILL EXPIRE DECEMBER 31, 2019

Certificate of Authorization Renewal Fee:
\$100.00 – If postmarked prior to December 31

To avoid a lapsed license, this completed form and payment (payable to PELS Fund) MUST BE POSTMARKED NO LATER THAN DECEMBER 31. Write your license type number on your payment.

**IF NOT RENEWED, YOUR LICENSE WILL LAPSE AND
RENEWAL FEES WILL INCREASE AS FOLLOWS:**

\$150.00 – January 1 to February 28, 2020
\$200.00 – March 1, 2020 to December 31, 2021

NOTICE renew online and your renewal is processed within 24 hours compared to the 1-2 weeks that a paper copy requires.

NOTICE! You may renew on-line with a credit card by going to www.pels.arkansas.gov

Please select the following options that are applicable:

- ☐ **Our firm requests to change our name to:** _____
- ☐ **Our firm requests our license be renewed as our firm offers/provides the following service(s).** For each service ** we offer/provide, we have designated the following individual(s) as being in responsible charge and duly licensed in Arkansas:
- ☐ **Engineering**
- | P.E. Licensee Name | Title | AR P.E. Lic. # | Exp. Date |
|--------------------|-------|----------------|-----------|
| _____ | _____ | _____ | _____ |
- ☐ **Surveying**
- | P.S. Licensee Name | Title | AR P.S. Lic. # | Exp. Date |
|--------------------|-------|----------------|-----------|
| _____ | _____ | _____ | _____ |
- ☐ **Our firm requests our license be placed in a Non-Renewed Status.** This form is being returned without fees and removes our name from future mailings.

Contact Name: _____ Title: _____

Phone: (____) _____ - _____

** Arkansas requires at least one employee to be listed for each service offered/provided.